

Branch (HCA597) and insert the following: (1) Provides consultation and assistance to CDC program officials on the establishment, modification, or abolishment of organizational structures and functions; reviews and analyzes organizational changes; and develops documents for approval by appropriate CDC, PHS, or HHS officials; (2) conducts management and operational studies for CDC to improve the effectiveness and efficiency of management and administrative systems techniques, policies, and organizational structures; (3) interprets, analyzes, and makes recommendations concerning delegations and redelegations of program and administrative authorities, and develops appropriate delegating documents; (4) develops and coordinates the implementation and conduct of CDC-wide information security programs; (5) conducts a CDC-wide records management program, including provision of technical assistance in the development and conduct of electronic records management activities; (6) coordinates IG/GAO audit activities; (7) plans, directs, and coordinates requirements of OMB Circulars A-76 and A-123 to conduct management review activities and to determine whether certain Agency functions might be more appropriately carried out through or by commercial sources; (8) plans, develops, and implements policies and procedures in these areas, as appropriate.

Delete in its entirety the functional statement for the Management Services Branch (HCA598) and insert the following: (1) Plans and conducts a publications management program, including development, production, procurement, distribution, and storage of CDC publications; (2) plans, directs, coordinates, and implements CDC-wide information distribution services and mail and messenger services, including the establishment and maintenance of mailing lists; (3) maintains liaison with contract suppliers, HHS, PHS, the Government Printing Office, and other Government agencies on matters pertaining to printing, copy preparation, reproduction, and procurement of printing; (4) serves as the focal point for recommending policies and establishing procedures for matters pertaining to energy conservation and recycling; (5) plans, develops, and implements policies and procedures in these areas, as appropriate.

After the functional statement for the Office of the Chief (HCA5981), Management Services Branch (HCA598), delete the following titles and functional statements in their entirety:

Public Inquiries Activity (HCA59812).
Publications Management Section (HCA5982).
Publications Planning and Procurement Unit (HCA59822).
Publications Graphics Unit (HCA59823).
Information Distribution Section (HCA5983).
Publications Distribution Unit (HCA9832).
Publications Inventory Unit (HCA59833).
Mail Management Unit (HCA59834).

Dated: March 28, 1995.

David Satcher,

Director, Centers for Disease Control and Prevention.

[FR Doc. 95-8412 Filed 4-5-95; 8:45 am]

BILLING CODE 4160-18-M

Health Resources and Services Administration; Section 1892 of the Social Security Act, as amended; Offset of Medicare Payments to Individuals to Collect Past-Due Obligations Arising From Breach of Scholarship or Loan Contract; Delegation of Authority

Notice is hereby given that in furtherance of the delegation of authority to the Assistant Secretary for Health on January 31, 1995, the Assistant Secretary for Health has delegated to the Administrator, Health Resources and Services Administration, with authority to redelegate, certain authorities under Section 1892 of the Social Security Act, as amended hereafter, pertaining to Offset of Medicare Payments to Individuals to Collect Past-Due Obligations arising from Breach of Scholarship or Loan Contract.

The authorities hereby delegated are (1) the authority to negotiate, approve, and sign Medicare Offset Agreements, and (2) the authority to inform the Attorney General and the Inspector General of the Department of Health and Human Services when a scholarship or loan obligor has refused to enter into, or has breached, a Medicare Offset Agreement. All other authorities under Section 1892 have been delegated to, and remain with, the Administrator, Health Care Financing Administration.

I provided for the ratification of all actions taken by any Public Health Service officials, with respect to Medicare offsets, prior to the effective date of this delegation.

The above delegation was effective on March 28, 1995.

Dated: March 28, 1995.

Philip R. Lee,

Assistant Secretary for Health.

[FR Doc. 95-8385 Filed 4-5-95; 8:45 am]

BILLING CODE 4160-15-M

DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT

Office of the Assistant Secretary for Housing—Federal Housing Commissioner

[Docket No. N-95-3902; FR-3888-N-02]

Notice of Submission of Proposed Information Collection to OMB

AGENCY: Office of Housing—Federal Housing Commissioner, HUD.

ACTION: Notice.

SUMMARY: The proposed information collection requirement described below has been submitted to the Office of Management and Budget (OMB) for review, as required by the Paperwork Reduction Act. The Department is soliciting public comments on the subject proposal.

ADDRESSES: Interested persons are invited to submit comments regarding this proposal. Comments must be received by ten (10) days following the publication of this notice. Comments should refer to the proposal by name and should be sent to: Joseph F. Lackey, Jr., OMB Desk, Office of Management and Budget, New Executive Office Building, Washington, DC 20503.

FOR FURTHER INFORMATION CONTACT: Kay Weaver, Reports Management Officer, Department of Housing and Urban Development, 451 7th Street Southwest, Washington, DC 20410, telephone (202) 708-0050. This is not a toll-free number. Copies of the proposed forms and other available documents submitted to OMB may be obtained from Ms. Weaver.

SUPPLEMENTARY INFORMATION: This Notice informs the public that the Department of Housing and Urban Development has submitted to OMB, for expedited processing, an information collection package with respect to a guide format which specifies the components of an application for approval by the Department of a national, regional, or multi-state housing agency in connection with the operation of a housing counseling program for renters, first-time homebuyers, and homeowners experiencing financial difficulty. Guide formats for applications for local housing counseling agencies, associated with HUD Handbook 7610.1, had

previous OMB approval under approval number 2502-0261. However, new formats adapted to the character of national, regional and multi-state organizations are needed to allow them to obtain HUD approval as counseling agencies.

The Department has submitted the proposal for the collection of information, as described below, to OMB for review, as required by the Paperwork Reduction Act (44 U.S.C. Chapter 35);

- (1) The title of the information collection proposal;
- (2) The office of the agency to collect the information;
- (3) The description of the need for the information and its proposed use;
- (4) The agency form number, if applicable;
- (5) What members of the public will be affected by the proposal;
- (6) How frequently information submission will be required;
- (7) An estimate of the total number of hours needed to prepare the information submission including number of respondents, frequency of response, and hours of response;
- (8) Whether the proposal is new or an extension, reinstatement, or revision of an information collection requirement; and
- (9) The names and telephone numbers of an agency official familiar with the proposal and of the OMB Desk Officer for the Department.

Notice of Submission of Proposed Information Collection to OMB

Title of Proposal: Housing Counseling Program and Recordkeeping Requirements.

Office: Office of Housing—Federal Housing Commissioner.

Description of the Need for the Information and its Proposed Use

Section 106 of the Housing and Urban Development Act, authorizes HUD to approve organizations with knowledge and experience in housing counseling for the purpose of providing housing counseling services to renters, first-time homebuyers and homeowners experiencing financial difficulty. HUD recruits, trains, and approves mostly community-based nonprofit organizations for the delivery of housing counseling services. In FY 1995, national, regional and multi-state organizations will be eligible to participate for the first time.

The tabulation sheet lists the collections of information required. All are required to administer the program in accordance with statutory and regulatory requirements. The collection of information is necessary for:

- Meeting the requirements of the housing counseling grant agreement.
- Obtaining data needed to prepare and support the housing counseling invoices.
- Obtaining recommendations from grantees for improving the program and reducing the burden.
- Monitoring the agencies to determine whether they should be decertified, and their housing counseling grant agreement terminated.

Form Numbers

A. Preliminary Application for Approval as a Housing Counseling Agency: (HUD-9900-A)—Used to collect data for a preliminary application for approval as a Housing

Counseling Agency for local non-profits or public agencies.

B. Final Application for Approval as a Housing Counseling Agency: (HUD-9900-B)—Used to collect data for final approval as a Housing Counseling Agency for local non-profits or public agencies.

C. Preliminary Application for Approval as a Housing Counseling Agency: (HUD-9900-C)—Used to collect data for a preliminary application for approval as a Housing Counseling Agency for multi-state, regional and national organizations.

D. Final Application for Approval as a Housing Counseling Agency: (HUD-9900-D)—Used to collect data for final approval as a Housing Counseling Agency for multi-state, regional and national organizations.

E. Housing Counseling Agency Fiscal Year Activity Report: (HUD-9902)—Used to collect data from Housing Counseling Agencies on their yearly counseling activity.

F. Housing Counseling Client Survey (HUD-9908)—Used to collect data from clients regarding the quality of service provided by the Housing Counseling Agency.

G. Housing Counseling Activity and Unit Log (HUD-9921)—Used by the Housing Counseling Agencies to record information on their clients. (With HUD approval the agencies may substitute their own version of this form.)

Respondents: Local housing counseling agencies and national, regional, and multi-state housing counseling organizations.

Frequency of Submission: Annual.

Reporting Burden:

	No. of respondents	×	Frequency of response	=	Hours per response	=	Burden hours
A.	75		1		2		150
B.	75		1		8		600
C.	10		1		2		20
D.	10		1		8		80
E.	650		1		1.17		761
F.	300		1		.25		75
G.	431		200		.25		21,550
Total estimated burden hours:							23,236

Status: Reinstatement, with change, of a previously approved collection for which approval has expired.

Contact: Joseph F. Lackey, Jr. OMB (202) 395-6880; Bonnie Adkins HUD (202) 708-0614, ext. 2034.

Authority: Section 3507 of the Paperwork Reduction Act, 44 U.S.C. 3507; section 7(d) of the Department of Housing and Urban Development Act, 42 U.S.C. 3535(d).

Dated: March 16, 1995.

Nicolas P. Retsinas,

Assistant Secretary for Housing—Federal Housing Commissioner.

Supporting Statement—Housing Counseling Program and Recordkeeping Requirements

A. Justification for the Collection of Information

1. Why the Collection of Information is Necessary

Section 106 of the Housing and Urban Development Act, authorizes HUD to approve organizations with knowledge and experience in housing counseling for the purpose of providing housing counseling services to renters, first-time homebuyers and homeowners experiencing financial difficulty. HUD recruits, trains, and approves mostly community-based nonprofit organizations for the delivery of housing counseling services. In FY 1995, national, regional and multi-state organizations will be eligible to participate for the first time.

The collection of information is necessary for:

- Meeting the requirements of the housing counseling grant agreement.
- Obtaining data needed to prepare and support the housing counseling invoices.
- Obtaining data needed to prepare and support the housing counseling invoices.
- Monitoring the agencies to determine whether they should be decertified, and their housing counseling grant agreement terminated.

a. Description of Current Funding

Funding for the Housing Counseling Program has been provided by the Congress for the fiscal year 95 in the amount of \$50,000,000.

2. Use and Need of Information Collected

The tabulation sheet lists the collections of information required. All are required to administer the program in accordance with statutory and regulatory requirements.

Actual Use of the Forms

A. Preliminary Application as a Housing Counseling Agency (HUD-9900-A)—Used to collect data for a preliminary application for approval as a Housing Counseling Agency for local non-profits or public agencies.

B. Final Application for Approval as a Housing Counseling Agency (HUD-9900-B)—Used to collect data for final approval as a Housing Counseling Agency for local non-profits or public agencies.

C. Preliminary Application as a Housing Counseling Agency (HUD-9900-C)—Used to collect data for a preliminary application for approval as a Housing Counseling Agency for multi-state, regional and national organizations.

D. Final Application for Approval as a Housing Counseling Agency (HUD-9900-D)—Used to collect data for final approval as a Housing Counseling Agency for Multi-state, regional and national organizations.

E. Housing Counseling Agency Fiscal Year Activity Report (HUD-9902)—Used to collect data from Housing Counseling Agencies on their yearly counseling activity.

F. Housing Counseling Client Survey (HUD-9908)—Used to collect data from clients regarding the quality of service provided by the Housing Counseling Agency.

G. Housing Counseling Activity and Unit Log (HUD-9921)—Used by the Housing Counseling Agencies to record information on their clients. (With HUD approval the agencies may substitute their own version of this form.)

3. Use of Modern Technology

There is no available technology to reduce the information collection burden.

4. Efforts to Identify Duplication

We have carefully reviewed the forms and their uses, and find no duplication of information.

5. Impact on Small Business

Not applicable.

6. Consequence to Federal Programs

The burden involved is considered to be the minimum amount consistent with statutory and regulatory requirements.

7. Special Circumstances for Collection of Information Inconsistent with the Guidelines in 5 CFR 1320.6

Not applicable.

8. Consulting With Persons Outside of HUD Concerning Collection of Information

We consulted with the following HUD-approved housing counseling agencies who have received counseling grants:

TULC Non-Profit Housing Corp., 3901 Grand River Avenue, Detroit, MI 48208, Mrs. Marguerite Evans, Executive Director, Tel. (313) 964-4207

Housing Opportunities, Inc., 133 Seventh Street, McKeesport, PA 15219, Mr. James P. Butler, President, Tel. (412) 664-1590.

There were no major problems that could not be resolved.

Other public contact was made with the following: Mortgage Bankers Association of America, 1125 15th Street NW., Washington, DC 20005, Tel. (202) 861-6500.

9. Assurance of Confidentiality for Respondents

To assure that the information provided to respondents by individuals and families is kept confidential, we require that the counseling records of each client be kept in a locked file or secured room with access limited to staff housing counselors using the files.

10. Additional Justification for Questions of a Sensitive Nature

We do not have any questions of a sensitive nature such as sexual preference or religious belief. However, in order to collect data on the type of clients being counseled, and to ensure that all clients are served equitably, the HUD-approved housing counseling agencies (respondents) must obtain information from their clients on the family composition, race, ethnicity, sex, ages, income, expenses, debts incurred and other related data.

Annualized Cost to the Federal Government

The estimate of annualized cost per respondent will vary depending on their respective capabilities. However, we estimate the annual cost to be \$15.00 per hour × 21.67 burden hours, or \$325.

The annualized cost to the federal government for all collections will be 69 Field Office staff at \$18.00 per staff hour × 2 hours and 15 minutes processing time, or \$2,691.

12. Burden of Collection of Information

See attached tabulation sheet.

13. Changes in Burden

The increase in burden hours is due to an increase in the number of agencies

in the program and also reflects a policy change to include national or regional entities. This change in policy is the direct result of the Department being approached by several national organizations wishing to play a more active role in the program. In addition, the Department wants to take advantage of a more efficient approach to administering the program. For example, nearly 40% of local counseling agencies currently participating could be managed through one national membership group, which would vastly reduce the number of individual grantees that HUD now must serve directly. This approach will also save HUD staff time.

14. Publishing and Collecting of
Information for Statistical Use

Not applicable.

BILLING CODE 4210-27-M

**TABULATION OF REPORTING BURDEN
THE HOUSING COUNSELING PROGRAM**

	Description of information Collection Requirement	Number of Respondents	Number of Responses Per Respondent	Total Annual Response	Hours per Response	Total Hours
1	Preliminary Application for Approval as a Housing Counseling Agency	75	1	75	2	150
2	Final Application for Approval as a Housing Counseling Agency	75	1	75	8	600
3	Preliminary Application for Approval as a Housing Counseling Agency (Multi-state, Regional, National)	10	1	10	2	20
4	Final Application for Approval as a Housing Counseling Agency (Multi-state, Regional, National)	10	1	10	8	80
5	Housing Counseling Agency Fiscal Year Activity Report	650	1	650	1.17	761
6	Housing Counseling Client Survey	300	1	300	0.25	75
7	Housing Counseling Activity and Unit Log	431	200	86,200	0.25	21,550
	Totals	1,551	206	87,520	22	23,236

Preliminary Application for Approval as a Housing Counseling Agency

U.S. Department of Housing
and Urban Development
Office of Housing
Federal Housing Commissioner

Housing Counseling Program

OMB Approval No. 2502-0261 (Exp. 08/31/93)

Public reporting burden for this collection of information is estimated to average 2.0 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Reports Management Officer, Office of Information Policies and Systems, U.S. Department of Housing and Urban Development, Washington, D.C. 20410-3600 and to the Office of Management and Budget, Paperwork Reduction Project (2502-0261), Washington, D.C. 20503. Do not send this completed form to either of these addressees.

Instructions

1. Send the signed original and one signed copy of form HUD-9900-A, Preliminary Application, to the HUD office that services the area in which your organization is located. Attach the submissions required by these instructions. Retain these instructions and a copy of form HUD-9900-A.
2. Do not complete or send the Final Application until HUD requests it after a satisfactory conference with your organization.
3. For all requested attachments, send reproduced copies, not originals.
4. **Legal Status.** Attach a copy of the document that supports your claim to be a nonprofit organization. The attachment must include, among other facts, the official name, address, and telephone number of the legal authority that granted nonprofit status.
5. **Charter.** Attach a copy of the document (charter, by-laws, etc.) that authorizes your organization to provide housing counseling.
6. **Local Government.** Attach a copy of the document that authorizes you to provide housing counseling if you are a unit of local, county, or State government.
7. **Community Base**
 - a. Attach a description of your organization's experience and

record of achievement in providing housing counseling or other similar services to the community in which you plan to provide housing counseling services.

b. ZIP Codes and Map:

(1) List the U.S. Postal Service ZIP code areas served by your agency. Include only those ZIP code areas from which your agency received "clients" during the 12-month period immediately prior to the date of your application for HUD approval.

(2) On a map, indicate the location of your counseling facility(ies). On the map, outline and identify by number each of the individual ZIP code areas you now serve as you indicated under subparagraph (1) above. Indicate the locations and give the names of all other housing counseling agencies within the ZIP code areas you serve. Attach the map to Section B.

c. Attach evidence that you have staff who fluently speak your clients' native language if you plan to provide housing counseling to nonEnglish-speaking persons.

8. **Audit Report.** Attach a copy of your audit report for an audit conducted within the 12-month period prior to the date of your application. See paragraph 2-1 of Handbook 7610.1.

Assurances: The applicant assures HUD that the applicant complies with the following items and will, as a HUD-approved housing counseling agency:

1. Administer its housing counseling in accordance with Title VI of the Civil Rights Act of 1964, Title VIII of the Civil Rights Act of 1968, Executive Order 11063, Section 504 of the Rehabilitation Act of 1973, and the Age Discrimination Act of 1975.
2. Provide its housing counseling services without subagreements with other agencies for the delivery of all or any part of the services in the applicant's counseling plan as approved by HUD.

3. Represent its clients without any conflict of interest on the part of the applicant, including its staff, that might compromise the agency's ability to represent fully the best interests of the client in accordance with HUD Handbook 7610.1.

4. Meet all local, State, and Federal requirements necessary to provide the applicant's housing counseling services, including debt management and liquidation services if the applicant provides such services.

5. Comply with the fee guidelines set forth in Handbook 7610.1 if the applicant plans to charge counseling fees.

1. Official Name of Applicant Organization:	3. Address of Main Office (If the applicant plans to use locations other than the main office, list them on a separate sheet and attach it to this sheet.)
2. Acronym, if any, for Official Name:	
4. Main Office Telephone Number	5. Executive Director's Name & Title:
6. Counseling Program Administrator's Name & Title:	7. Name, Title, Date, & Signature of Person Authorized by the Applicant's Governing Body to Submit this Application:

Replaces HUD-9900, Which is Obsolete.

form HUD-9900-A (8/93)
ref Handbook 7610.1

Final Application for Approval as a Housing Counseling Agency

U.S. Department of Housing
and Urban Development
Office of Housing
Federal Housing Commissioner

Housing Counseling Program

OMB Approval No. 2502-0261 (Exp. 08/31/93)

Public reporting burden for this collection of information is estimated to average 8 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Reports Management Officer, Office of Information Policies and Systems, U.S. Department of Housing and Urban Development, Washington, D.C. 20410-3600 and to the Office of Management and Budget, Paperwork Reduction Project (2502-0261), Washington, D.C. 20503. Do not send this completed form to either of these addressees.

Instructions

1. Submit your completed Final Application only when HUD requests you to do so. This happens after HUD approves your Preliminary Application and you complete a satisfactory conference with HUD. HUD will not review Final Applications it has not requested from an applicant.
2. This Final Application consists of four related sections: (1) the target area and population you propose to serve, (2) the housing needs and housing problems you have documented and propose to address, (3) the resources you possess or will obtain to carry out your counseling plan, and (4) your housing counseling plan.
3. Your counseling plan must be reasonable in relation to the target population and their housing needs/problems and the resources you have to implement the plan. HUD seeks to approve counseling plans that an applicant can carry out with available resources. HUD will not approve a well-meaning but ill-conceived plan that lacks the necessary resources. It behooves every applicant to write a counseling plan that meshes the needs/problems with the resources. A small, workable plan is acceptable, but a large plan that exceeds the resources to implement it is bound not to be approved by HUD. You may limit your plan to a specialized area of housing counseling such as default counseling.
4. Please prepare your plan in a logical and orderly manner, using the outline of sections set forth below in the Final Application section. Your submission should also meet these requirements.

- a. Typewritten or other form of word processing with letter-quality or near-letter-quality printing
- b. Letter-size 8 1/2 x 11" paper (For identification purposes, place your organization's name or acronym and city and State on the top of each page.)
- c. Outline format, as below
- d. Detailed but concise
- e. One copy
- f. Use short paragraphs in narrative sections.

5. After you complete the parts of the Final Application, prepare a **one-page single-spaced summary cover sheet** on your letterhead. Entitle the sheet "Final Application for HUD Approval as a Housing Counseling Agency—Summary Sheet."

The summary must tell HUD how your housing counseling plan meets the housing needs and problems of the target population and how your resources and the community's resources will enable you to implement the plan. Include the name and telephone number of the person whom HUD may contact regarding the application.

This summary should serve the HUD reviewer as an introduction to your Final Application. The person authorized to submit the application must sign the summary and enter the date of the signing.

A transmittal letter to HUD is not necessary.

I. Target Area.

Consists of the ZIP code areas you entered on the map as part of your Preliminary Application. Submit the following items:

A. **A concise but detailed description of the target area** you propose to service with housing counseling. The description must include but is not limited to such items as: size of the population, racial and ethnic make-up of the population, socio-economic factors, age and condition of housing. Please do not exceed two single-spaced typewritten letter-size pages.

B. **A brief statement of your reason for selecting the target area.** Include a statement regarding why you believe your organization can service the area. Please do not exceed one single-spaced letter-size page.

D. **A justification for selecting the target area** if other housing counseling agencies exist in or near your target area.

4. **A revised map** that locates your offices, the target area, and the location of other housing counseling agencies, only if the HUD office requests it after review of your Preliminary Application.

II. Housing Needs and Problems. Submit the following.

A. **A narrative description of the housing needs and problems** of the target population. Before writing this item, see HUD Handbook 7610.1 for a definition of "housing need" and "housing problem."

B. **Be specific! Cite sources from which you obtained your data.** Include special needs and problems, such as those related to low income or poverty, homelessness, language, ethnic, minority, and racial factors.

III. Resources.

For the purpose of this Final Application, HUD considers two major types of resources.

A. **Applicant.** These are "on-hand" resources of staff, facilities, and funding possessed by the applicant, regardless of their source, that the applicant can use to deliver housing counseling. Funds the applicant has on hand or has a **written commitment** to receive from any source fall into this category. Submit a detailed narrative statement of these resources that are "on hand" as of the date of your Final Application. Break the statement out into the above three categories—staff, facilities, and funding. **Do not** include unsupported projections of what you **hope** to receive or **plan** to seek.

1. Staff

- a. Include a brief dossier for each person who will supervise or perform counseling, or support counseling with clerical work.
- b. Indicate each staff person's position title, duties, and whether the position is full-time or part-time, is paid or volunteer.

PRELIMINARY APPLICATION FOR APPROVAL U.S. Department of Housing
AS A HOUSING COUNSELING AGENCY and Urban Development
Housing Counseling Program Office of Housing
OMB Approval No. 2502-0261 (Exp. 00/00/00)

MULTI-STATE, REGIONAL, AND NATIONAL ORGANIZATIONS

INSTRUCTIONS

1. Send the signed original and one SIGNED copy of Section B of this Preliminary Application to:

Emelda P. Johnson, Deputy Assistant Secretary
for Single Family Housing
Room 9282
U.S. Department of Housing and Urban Development
Washington, D.C. 20410

Attach to Section B the submissions required under Section A. Retain Section A and a copy of Section B in your file.

2. DO NOT complete or send the Final Application until HUD requests it after a satisfactory conference with your organization.
3. For all requested attachments, send reproduced copies, NOT originals.

Preliminary Application - Section A - Applicant Information

1. TYPE OF ORGANIZATION. Check and complete one of the items below.
 - a. ☐ national organization (A national organization need not function in all 50 States but should have branches or affiliates that cover more than one regional area of the country.)
 - (1) enter the number of States in which your organization will provide housing counseling: _____
 - (2) enter the number of offices (main, branch or affiliate) where your organization will provide housing counseling: _____

- b. ☐ regional organization (A regional organization serves a regional area such as the Southwest or the Northeast. The organization's operational boundaries need not conform precisely to what might be accepted as a definition, for example, of the Southwest of the United States. A reasonable approximation of boundaries suffices.)
- (1) enter the regional name of the area where your organization will provide housing counseling: _____
 - (2) enter the number of States included in the region you will serve: _____
 - (3) enter the number of offices (mail, branch or affiliate) where you organization will provide housing counseling: _____
- c. ☐ multi-State organization (A multi-State organization serves three or more States. The States may be contiguous or noncontiguous. The organization's operational boundaries need not conform precisely to the State boundaries to satisfy this definition. A reasonable approximation of boundaries suffices.)
- (1) enter the names of the States where your organization will provide housing counseling: _____
 - (2) enter under each State name the number of offices (mail, branch or affiliate) where you organization will provide housing counseling: _____
2. LEGAL STATUS. Attach to Section B a copy of the document that supports your claim to be a nonprofit organization. The attachment must include, among other facts, the official name, address, and telephone number of the legal authority that granted nonprofit status. HUD assumes and the applicant assures that its branches or affiliate are also nonprofit entities.
3. CHARTER. Attach To Section B a copy of the document (charter, by-laws, governing body meeting minutes, etc.) that authorizes your organization to provide housing counseling.
4. LOCAL GOVERNMENT. If you are a unit of local, county, or

state government, attach to Section B a copy of the document that authorizes you to provide housing counseling.

5. COMMUNITY BASE

a. Attach to Section B a description of your organization's experience and record of achievement during the past three years in providing housing counseling or other similar services to the communities in which you plan to provide housing counseling services.

b. Branches or Affiliates. Provide a list of your organization's main office and branch offices or affiliates. Include the following information for your main office and each branch or affiliate.

(1) Official name

(2) Address, including ZIP Code

(3) Mailing address if different from address on line 2 above

(4) Telephone Number(s): include toll-free number, if available

(5) Name, title, and telephone number of the person in charge of the housing counseling program

c. If you plan to provide housing counseling to non-English-speaking persons, attach to Section B evidence that you have staff who fluently speak your clients' native language.

6. Audit Report. Attach to Section B a copy of your audit report for an audit conducted within the 12-month period prior to the date of your application. See paragraph 2-1 of this handbook. HUD assumes and the applicant assures that its branches or affiliates have had an audit conducted within the 12-month period prior to the date of this application.

Preliminary Application - Section B - Assurances and Signatures

The applicant assures HUD that it complies with the following items and will, as a HUD-approved housing counseling agency:

1. Administer its housing counseling in accordance with Title VI of the Civil Rights Act of 1964, Title VIII of the Civil Rights Act of 1968, Executive Order 11063,

Section 504 of the Rehabilitation Act of 1973, and the Age Discrimination Act of 1975.

2. Provide its housing counseling services without subagreements with agencies other than the applicant's branches or affiliates or HUD-approved housing counseling agencies for the delivery of all or any part of the services in the applicant's counseling plan as approved by HUD.
3. Represent its clients without any conflict of interest on the part of the applicant, including its staff, that might compromise the agency's ability to represent fully the best interests of the client in accordance with HUD Handbook 7610.1 REV-3, para. 5-1.
4. Meet all local, state, and federal requirements necessary to provide the applicant's housing counseling services, including debt management and liquidation services if the applicant provides such services.
5. Comply with the fee guidelines set forth in chapter 6 of Handbook 7610.1 REV-3 if the applicant plans to charge counseling fees as described in that chapter.

Complete the following items. Detach this Section B from Section A and send it to HUD with all items set forth in Section A.

1. Official Name of Applicant Organization
2. Acronym, if any, for official name:
3. Address of Main Office (If the applicant plans to use locations other than the main office, list them on a separate sheet and attach it to this sheet.)
4. Main Office Telephone Number
5. Executive Director's Name and Title
6. Counseling Program Administrator's Name and Title
7. Name, Title, Date, and Signature of Person Authorized

by the Applicant's Governing Body to Submit this Application.

file: APPLICAT.X1

Public Reporting Burden for this collection of information is estimated to average 2.0 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Reports Management Officer, Office of Information Policies and Systems, U.S. Department of Housing and Urban Development, Washington, D.C. 20410-3600 and to the Office of Management and Budget, Paperwork Reduction Project (2502-0261), Washington, D.C. 20503. Do not send this completed form to either of the above addressees.

FINAL APPLICATION FOR APPROVAL
AS A HOUSING COUNSELING AGENCY
Housing Counseling Program

U.S. Department of Housing
and Urban Development
Office of Housing
OMB Approval No. 2502-0261

INSTRUCTIONS

- I. Submit your completed Final Application only when HUD requests you to do so. This happens after HUD approves your Preliminary Application and you complete a satisfactory conference with HUD. HUD will not review Final Applications it has not requested from an applicant.
- II. This Final Application consists of four related sections: (1) the target area and population you propose to serve, (2) the housing needs and housing problems you have documented and propose to address, (3) the resources you possess or will obtain to carry out your counseling plan, and (4) your housing counseling plan.
- III. Your counseling plan must be reasonable in relation to the target population and their housing needs/problems and the resources you have to implement the plan. HUD seeks to approve counseling plans that an applicant can carry out with available resources. HUD will not approve a well-meaning but ill-conceived plan that lacks the necessary resources. It behooves every applicant to write a counseling plan that meshes the needs/problems with the resources. A small, workable plan is acceptable, but a large plan that exceeds the resources to implement it is bound not to be approved by HUD.
- IV. Please prepare your plan in a logical and orderly manner, using the outline of sections set forth below in the Final Application section. Your submission should also meet these requirements.
 - A. Typewritten or other form of word processing with letter-quality or near-letter-quality printing
 - B. Letter-size 8 1/2 X 11" paper (For identification purposes, place your organization's name or acronym and city and state on the top or bottom of each page.)
 - C. Outline format, as below
 - D. Detailed but concise
 - E. One copy
 - F. Use short paragraphs in narrative sections.
- V. After you complete the parts of the Final Application, prepare a one-page single-spaced summary cover sheet on your letterhead. Entitle the sheet "Final Application for HUD Approval as a Housing Counseling

item, see para. 1-7A of HUD Handbook 7610.1 REV-3, for a definition of "housing need" and "housing problem."

BE SPECIFIC!

Include special needs and problems, such as those related to available housing stock, low income or poverty, homelessness, language, ethnic, minority, and racial factors.

III. RESOURCES. For the purpose of this Final Application, HUD considers two major types of resources.

- A. Applicant. These are "on-hand" resources of STAFF, FACILITIES, and FUNDING possessed by the applicant, regardless of their source, that the applicant can use to deliver housing counseling. Funds the applicant has on hand or has a written commitment to receive from any source fall into this category.

Submit a detailed narrative statement of these resources that are "on hand" as of the date of your Final Application. Break the statement out into the above three categories--staff, facilities, and funding.

DO NOT include unsupported projections of what you hope to receive or plan to seek.

1. Staff

- a. Include a brief resume for each person who will oversee the housing counseling program at the headquarters of the applicant organization.
- b. For each resume under para. a. immediately above, indicate each staff person's position title and duties.

2. Facilities. Do NOT provide information for each branch or affiliate. Instead, provide a general description of the facilities, but DO address the matters of **PRIVACY and ACCESS BY HANDICAPPED PERSONS** by including a statement to the effect that these needs are or are not met at each counseling location. Privacy and handicap access are required at each location.

- a. Describe the facilities available for counseling, including privacy and access by handicapped persons. If access by handicapped persons is not present, indicate its absence and how, if at all, you would provide counseling to handicapped persons.
- b. Indicate whether public transportation is within a

15-minute walk of the each counseling location.

3. Funding

- a. List the sources and amounts of funds from those sources that you have "on hand." "On hand" means you possess the cash or written commitments for receipt of the funds within the initial 12-month period of your work as a HUD-approved housing counseling agency.
- b. Submit a copy of your current housing counseling budget and indicate the sources of the funds for the budget.
- c. If you plan to charge counseling fees, see para. 6-2, COUNSELING FEES, in chapter 6 of HUD Handbook 7610.1 REV-3. Submit a statement that you are in compliance with para. 6-2, and include copies of all items required under that paragraph.

B. Community Resources

1. These consist of the types of local, state, and federal public and private agencies with whom the applicant expects its branch or affiliates to have firm working relations for the provision of various kinds of assistance to the applicant's clients.
2. List the names of the types of community resources from which you expect your branches or affiliates to receive services or other forms of assistance for clients either at your facilities or those of the resource.
3. Community resources include HUD-approved counseling agencies with which the applicant and its branches or affiliates will work cooperatively

IV. HOUSING COUNSELING PLAN. HUD considers an acceptable housing counseling plan to be a reasonable interlocking of the needs and housing problems of the target areas with the resources available to the applicant to address those needs and problems successfully on behalf of clients.

Using the facts about your previously identified types of target areas, their housing needs and problems, and the resources on-hand or available to you, describe in detail the comprehensive housing counseling you, through your branches or affiliates, will provide as a HUD-approved housing counseling agency.

Your plan must reflect an understanding of HUD's concept of housing counseling as set forth in HUD Handbook 7610.1 REV-3. EXAMPLES: HUD

uses the term "client" in a specific manner throughout the handbook. Also, in the handbook HUD sets specific parameters for "housing counseling."

When HUD reviews a Final Application, it does so against the provisions of the handbook. While HUD urges applicants to be resourceful and innovative in developing their counseling plans, equal stress is placed upon the plan's compliance with HUD's concept of comprehensive housing counseling.

file: APPLICAT.X2

Public Reporting Burden for this collection of information is estimated to average 0.5 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Reports Management Officer, Office of Information Policies and Systems, U.S. Department of Housing and Urban Development, Washington, D.C. 20410-3600 and to the Office of Management and Budget, Paperwork Reduction Project (2502-0261), Washington, D.C. 20503. Do not send this completed form to either of the above addressees.

Housing Counseling Agency Fiscal Year Activity Report

Read the instructions on the back of this form.

U.S. Department of Housing
and Urban Development
Office of Housing
Federal Housing Commissioner

OMB Approval No. 2502-0261 (exp. 8/31/93)

Counseling agency name & address:				Reporting Year: from Oct 1, 199__ to Sep 30, 199__			
<input type="checkbox"/> Check here if this is a new address							
Number of Clients Counseled This Report Period	1. Homeowners (mortgage paid off)	All Counseling Activities	HUD Grant Activities	Potential Mortgagors	22. Purchased housing	All Counseling Activities	HUD Grant Activities
	2. Mortgagors (own property covered by mortgage)				23. Decided not to purchase		
	3. Potential Mortgagors (want to purchase housing)				24. Other		
	4. Renters (occupy rental property)				25. Total		
	5. Potential Renters (want to rent housing)			Renters	26. Purchased housing		
	6. Homeless				27. Rented alt. housing		
	7. Other				28. Other		
	8. Total				29. Total		
Race/Ethnicity:	a. American Indian / Alaskan Native			Potential Renters	30. Purchased housing		
	b. Asian / Pacific Islander				31. Rented alt. housing		
	c. Black Non-Hispanic				32. Other		
	d. Hispanic				33. Total		
	e. White Non-Hispanic			Homeless	34. Occupied "transitional" housing		
			35. Occupied "emergency shelter"				
			36. Occupied permanent hsg. for handicapped				
			37. Entered public or prvt. section traditional hsg.				
			38. Other				
				39. Total			
Results of Counseling				Name, Title, & Signature of Person Authorized to Sign this Report :			
Homeowners	9. Obtained a Home Equity Conversion Mort.(HECM)			<div style="text-align: center;">x</div> Date : _____			
	10. Other						
	11. Total						
Mortgagors	12. Obtained a HECM						
	13. Brought mortgage current						
	14. Forbearance agreement						
	15. Mortgage assigned to HUD						
	16. Executed a deed-in-lieu						
	17. Sold their property						
	18. Mortgage foreclosed						
	19. Rented alternative housing						
	20. Other						
	21. Total						

Previous editions are obsolete.

 form HUD-9902 (3/9/95)
ref, Handbook 7610.1

Housing Counseling Client Survey

U.S. Department of Housing
and Urban Development
Office of Housing
Federal Housing Commissioner

OMB Approval No. 2502-0261 (Exp. 08/31/93)

Public Reporting Burden for this collection of information is estimated to average 0.25 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Reports Management Officer, Office of Information Policies and Systems, U.S. Department of Housing and Urban Development, Washington, D.C. 20410-3600 and to the Office of Management and Budget, Paperwork Reduction Project (2502-0261), Washington, D.C. 20503. Do not send this completed form to either of the above addressees.

Counseling Agency Name & Address: (completed by HUD office)

1. When you first went to the counseling agency, what kind of client were you? Check as many boxes as apply to you.

<input type="checkbox"/> was renting housing	<input type="checkbox"/> behind on rent payments
<input type="checkbox"/> wanted to rent housing	<input type="checkbox"/> current on rent payments
<input type="checkbox"/> landlord problem	<input type="checkbox"/> being evicted
<input type="checkbox"/> employed	<input type="checkbox"/> unemployed
<input type="checkbox"/> wanted to buy housing	<input type="checkbox"/> buying a house or condominium
<input type="checkbox"/> mortgage was current	<input type="checkbox"/> mortgage payments delinquent
2. Who interviewed you when you first went to the agency?

<input type="checkbox"/> a receptionist	<input type="checkbox"/> a counselor
---	--------------------------------------
3. Did the person who counseled you do any of the following to help you. Check as many boxes as apply to you.

<input type="checkbox"/> told you how they could help you
<input type="checkbox"/> suggested that you join a group counseling session
<input type="checkbox"/> referred you to other community agencies who could help you
<input type="checkbox"/> made recommendations to you about what you could do to solve your housing problem
<input type="checkbox"/> got in touch with your landlord or mortgage company to work out a plan for you to pay your back rent or past due mortgage payment
<input type="checkbox"/> got in touch with your creditors to work out a plan for you to pay your debts
4. If you own your house and are delinquent on your mortgage payments, did the agency do or recommend any of the following actions?

<input type="checkbox"/> a forbearance agreement with your mortgage company
<input type="checkbox"/> a deed-in-lieu of a foreclosure of your mortgage
<input type="checkbox"/> that you sell your house and obtain rental housing
<input type="checkbox"/> have you apply to your mortgage company for the assignment of your mortgage to HUD
5. Did your counselor impress you as a person who knew what he or she was doing?

<input type="checkbox"/> Yes	<input type="checkbox"/> No
------------------------------	-----------------------------
6. Was the setting in which the counseling was conducted a private one so that other persons could not hear your conversation?

<input type="checkbox"/> Yes	<input type="checkbox"/> No
------------------------------	-----------------------------
7. If you wanted rental housing, did the counselor discuss HUD rental housing programs for which you might be eligible?

<input type="checkbox"/> Yes	<input type="checkbox"/> No
------------------------------	-----------------------------
8. Did the agency charge you for their services?

<input type="checkbox"/> Yes	<input type="checkbox"/> No
------------------------------	-----------------------------

 If "Yes," did the counselor explain that the charge would be based on a sliding scale and determined by your income?

<input type="checkbox"/> Yes	<input type="checkbox"/> No
------------------------------	-----------------------------

 If "Yes," did you consider the charge to be:

<input type="checkbox"/> reasonable	<input type="checkbox"/> too high
-------------------------------------	-----------------------------------
9. Did you participate in any group counseling sessions?

<input type="checkbox"/> Yes	<input type="checkbox"/> No
------------------------------	-----------------------------

 If "Yes," did you find the sessions helpful?

<input type="checkbox"/> Yes	<input type="checkbox"/> No
------------------------------	-----------------------------
10. Was the counseling agency open during hours when it was convenient for you to obtain counseling?

<input type="checkbox"/> Yes	<input type="checkbox"/> No
------------------------------	-----------------------------

 If you answered "No," please indicate the hours when the agency was open to assist you.

Opened:	Closed:
---------	---------
11. If you want further counseling, will you:

<input type="checkbox"/> go back to the same agency	<input type="checkbox"/> go to another agency
---	---

 If you checked "go to another agency," please tell us why.

**Housing Counseling Activity
and Unit Log**

U.S. Department of Housing
and Urban Development
Office of Housing
Federal Housing Commissioner

OMB Approval No: 2502-0261 (exp. 7/31/93)

Public reporting burden for this collection of information is estimated to average 0.25 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Reports Management Officer, Office of Information Policies and Systems, U.S. Department of Housing and Urban Development, Washington, D.C. 20410-3600 and to the Office of Management and Budget, Paperwork Reduction Project (2502-0260), Washington, D.C. 20503. Do not send this completed form to either of these addressees.

Instructions. The grantee must use this format or one on which the grantee records at least the same information. Obtain HUD approval for use of an alternative format. **Grantees must follow the Grant Instructions regarding Client No. and Unit Claim.** If more space is needed, use more forms and attach them to the first one. Non-grant agencies may use this form at their option.

Interviewing Counselor's Name:

Client's Name and Address (street, city, State, zip code) :

FHA Case No. (if any) :

Interview Date:

Date Counseling Terminated:

Client Number :

Client Type: (check the box that indicates the status of the client when the client entered your workload via a screening interview. These client types correspond to those on form HUD-9902, Counseling Agency Activity Report.)

- | | | |
|--|---|---|
| <input type="checkbox"/> Homeowner (mortgage paid off) | <input type="checkbox"/> Mortgagor (mortgage on property) | <input type="checkbox"/> Potential Mortgagor (wants to buy) |
| <input type="checkbox"/> Renter (occupies rental property) | <input type="checkbox"/> Potential Renter (wants to rent) | <input type="checkbox"/> Homeless |
| <input type="checkbox"/> Other:(specify) | | |

Results of Counseling: (check the applicable box(es) at the time each result occurs. These results correspond to those on form HUD-9902. You may achieve more than one result for the same client.)

- | | | |
|---|--|---|
| <input type="checkbox"/> Obtained a HECM | <input type="checkbox"/> Brought mortgage current | <input type="checkbox"/> Forbearance Agreement |
| <input type="checkbox"/> Mortgage assigned to HUD | <input type="checkbox"/> Executed Deed-in-Lieu | <input type="checkbox"/> Sold their property |
| <input type="checkbox"/> Mortgage foreclosed | <input type="checkbox"/> Rented alternative housing | <input type="checkbox"/> Purchased housing |
| <input type="checkbox"/> Decided not to purchase | <input type="checkbox"/> Occupied "transitional housing" | <input type="checkbox"/> Occupied "emergency shelter" |
| <input type="checkbox"/> Occupied permanent housing for handicapped | | <input type="checkbox"/> Entered public or private sector traditional housing |
| <input type="checkbox"/> Other: (specify) | | |

Interviewer's Notes:

Race/Ethnicity:

- | |
|---|
| <input type="checkbox"/> American Indian / Alaskan Native |
| <input type="checkbox"/> Asian / Pacific Islander |
| <input type="checkbox"/> Black Non-Hispanic |
| <input type="checkbox"/> Hispanic |
| <input type="checkbox"/> White Non-Hispanic |

Housing Counseling Activity and Unit Log

Page No.

Use as much space as necessary to record the counseling activity. Begin each new activity in a separate "activity" block.

Client's Name		Client No.
Date:	Time Start:	Time End:
Counselor's Initials:	Activity:	
Unit Claim		
Date:	Time Start:	Time End:
Counselor's Initials:	Activity:	
Unit Claim		
Date:	Time Start:	Time End:
Counselor's Initials:	Activity:	
Unit Claim		
Date:	Time Start:	Time End:
Counselor's Initials:	Activity:	
Unit Claim		
Date:	Time Start:	Time End:
Counselor's Initials:	Activity:	
Unit Claim		

Previous editions are obsolete.

form HUD-9921 (3/9/95)
ref. Handbook 7610.1